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an
Inaugural Essay
on
Trachitis
for
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Crachetis

There is no disease to which children are liable, that is more dreaded by Physicians generally than ~~the~~ the Croup and accordingly we find it treated of to a considerable extent by almost every writer since the disease has been known to exist and of course different opinions entertained with regard both to its pathology and treatment; fortunately however there is none which is more completely under the control of the Antiphlogistic system than this if carried to a sufficient extent in the commencement of an attack but as certainly fatal if that means be neglected.

Certain different appellations have been given to this affection by different authors, such as Suffocatio Stridula which appellation is peculiar to Hæm.

By Gallen and some other authors it has been

called by *synanche trachealis*, and by *Mitchell* the name of *Angina Polyposa* has been given to it. It is also treated of under the title of *Trachitis* and this is considered less objectionable than any other and is therefore retained by most writers. though it is objected to by *Dr Good* from a supposition of its implying a mere limitation of the disease to the *Trachea*.

The disease is however known more commonly by the name of *croup* or *hoars* which is supposed by some authors to be a corruption of the word *hears* and took its rise from the violent manner in which the lungs *heave* in breathing.

Cullen seems to have been right enough in ascribing the credit to *Dr Thorne* of having first given an accurate description of the disease, though

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we are told by Cheyne, that Martin Lhuie
an Italian Physician noticed it long before
the appearance of Boerhaave's treatise which
was in the year 1765. since that time
however the disease has been noticed by
a number of authors, and different opi-
nions entertained with regard to it.

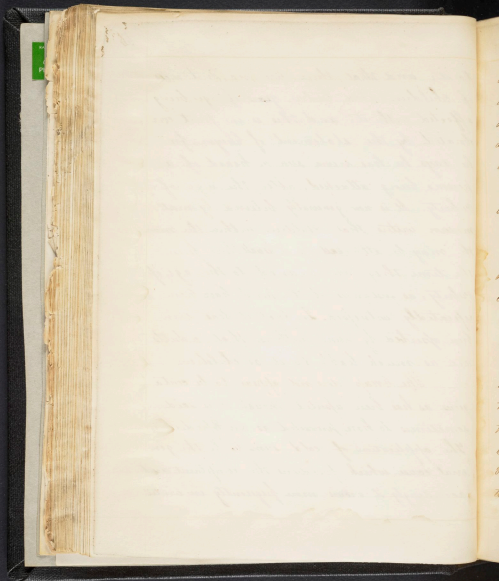
The Croup is a disease confined
mostly to infants or to children from two
to seven years of age, (supposed by some authors
to be owing to the relaxed and debilitated
state of the Larynx and Trachea, at this
period of life, not being so well calcula-
ted to resist the causes of the disease as those
at a more advanced period. It has been
asserted however by some authors, and I believe
particularly so by Cullen, that the disease
seldom attacks children till after they
have been weaned, and after this period the
younger they are, the more liable they are.

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to it; and that there are no instances of children above twelve years of age being affected with it, and this is in part corroborated by the statement of Rhyme, for he says he has never seen or heard of a person being attacked, after the age of puberty. It is now generally believed by modern writers that children within the month may be attacked by it ~~and~~ ^{and} those from the time they are weaned to the age of puberty, as instances of the kind have been repeatedly witnessed. In fact it has been asserted by some authors, that adults are as much liable to it as children.

The virus does not appear to be contagious, as has been asserted. Though it is said, sometimes to have prevailed as an Epidemic.

The application of cold seems to be the general cause which produces the complaint and accordingly it occurs more frequently in winter.



and spring, when the weather is cold austere and moist, than in any other seasons. It is also endemic to certain places as is the case at Sells point near Baltimore and at Litch a village about half a mile from Edinburgh. The disease however is frequently met with in inland situations particularly those which are low and marshy.

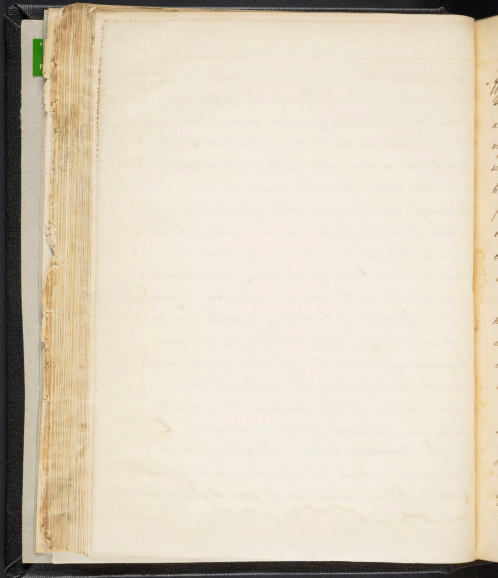
The disease has also been reported to be hereditary, and not without foundation as instances have been met with where parents have been subjects of the disease, and all of whose children have been attacked by the complaint. In proof that it is not hereditary it has been stated to have appeared in families to whom the symptoms were entirely new, and that in those cases where an hereditary predisposition is transmitted from parent to child, there would be some malformation in the parts constituting the seat of the disease, none of which



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appearances have ever yet been discovered on dissection. The disease however is certainly peculiar to certain families and it has been observed that a child once attacked by the complaint is ever after liable to its return.

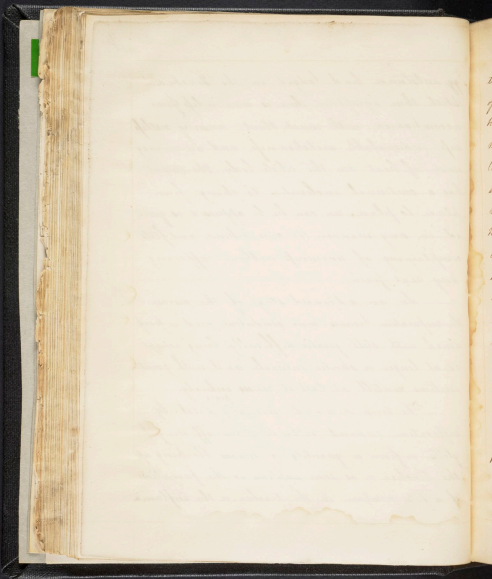
The croup generally comes on with a hoarseness accompanied with a hard dry cough which from the first has a peculiar shrill sound; this in the course of time becomes more violent and troublesome, and likewise more shrill, as the disease advances, a constant difficulty of breathing prevails, unaccompanied however with swelling as in most anginous affections, though there is generally observed on inspecting the internal fauces some degree of inflammation. There is not only an unusual sound produced by the cough, (something between the gulping and barking of a dog,) but respiration is performed with a hissing noise, as if some slight spasm



-gy substance had lodged in the Trachea.
 With these symptoms, there is more a lip fever
 accompanied with much thirst, an insupportable
 restlessness, insupportable wretchedness, and an uneasy
 sense of heat over the whole body. The Patient
 has a continual inclination to change from
 place to place, nor can he be appeased or quiet
 ed in any manner. He cries, whines, and frets
 complaining of uneasiness without suffering
 any real pain.

In an advanced stage of the disease
 the respiration becomes more studulous, and is per-
 formed with still greater difficulty, being repeat-
 ed at longer or shorter intervals, and with greater
 exertions, untill at last it ceases entirely.

The Group it is said generally fatal by
 suffocation, induced either by spasm affecting the
 glottis, or from a quantity of mucus blocking up
 the trachea or as some suppose to the formation
 of a false membrane in the trachea, or the inflama-

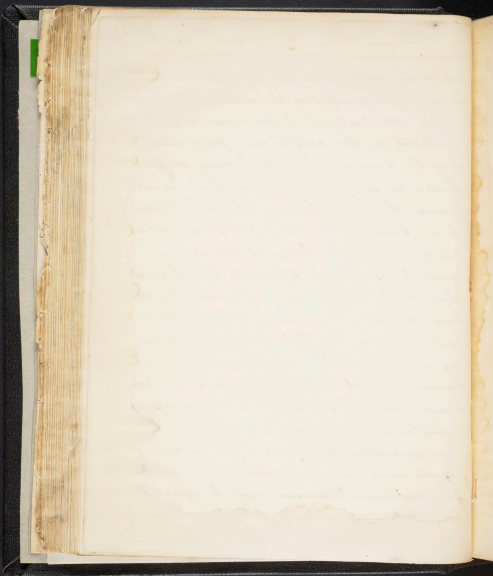


tion having extended into the minute ramifications of the bronchiae. Dissections of children however who have died of croup have not always shown this membrane lining the internal surface of the larynx and trachea hence the disease has by some authors and practitioners been denied to be inflammatory and considered spasmodic. Others have considered it as consisting in inflammation and spasm united. There are others again who suppose that in those cases where the disease comes on suddenly and without any premonitory symptoms, and makes its attack in the night, about nine or ten o'clock, to be dependent on spasm, whereas in those cases where the disease comes on gradually and is several days before the symptoms completely develop themselves, to be owing to inflammation of fretting the mucous membrane, lining the larynx and trachea. This division however it is said is not a practical one, as the remedies



which are employed in the inflammatory Group are equally as powerful in the reduction of serum.

The treatment of this disease must be conducted on the antiphlogistic plan. Much may be done however in the forming stage of the disease by milder means, such as rubefacients, the warmbath, and the exhibition of an Emetic; but the symptoms having completely developed themselves, bloodletting must be resorted and this to be effectual should be carried to a considerable extent. It will now be proper to put the patient in a warmbath, and before leaving it should be ordered an active Emetic. Topical bloodletting by cups or leeches should also be resorted to, and if necessary a blister should be applied to the throat and permitted to extend from ear to ear. If the disease does not yield however all the above mentioned remedies must be repeated.



and the bloodletting is to be carried to a greater extent than before, even ad deliquium animi and this if timely resorted to scarce by ever fails to break the force of the disease which may be known by the departure of some of the more prominent symptoms, the return of susceptibility together with some expectoration &c. If there still remains difficulty of breathing. Cups should be applied on the back of the thorax. Calomel should now be given in large dose not with a view of obtaining its specific virtues but to purge ~~thoroughly~~ thoroughly. If haemip, etc. ictus, and difficulty of expectoration continue we resort to expectorants.

It sometimes happens however that the physician is not called in untill 10 or 12 hours have elapsed; it will now be perceived that the disease has extended itself to the Bronchiae, and produced a complete organ

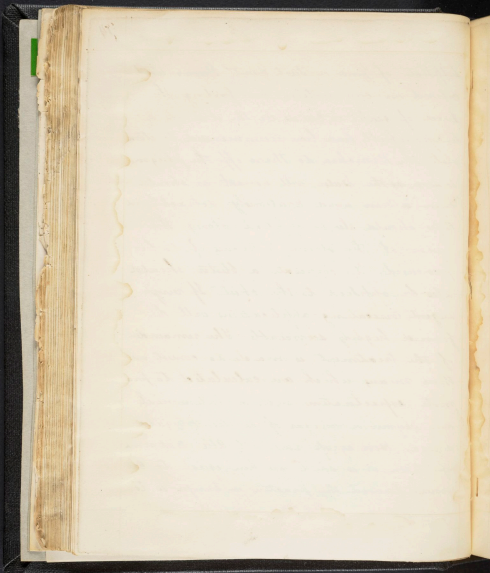


gment or Peripneumonia Notha. the symptoms are more violent, and distressing, and they all demonstrate an interrupted or difficult circulation, and an imperfect performance of the operation of the lungs. The face becomes swollen and is mottled. In some instances the cheeks are flushed with a mixture of lividness. The eyes are prominent and inflamed. The pupils are widely dilated. The whole expression is wild and haggard. Either the respiration is exceedingly laborious with a full disturbed pulse or as the patient is sinking under the complaint the respiration becomes more tranquil and the pulse enfeebled.

Two indications now present themselves 1st to relieve the lungs, and to establish a free circulation. This ~~is~~ is accomplished by plunging the patient in a warm bath, and whilst in there give an Emetic of the



Sulphate of zinc or Tart. Emet. Specac and
 colomel in combination, thus failing the
 Juice of garlic or Onions in the dose of a
 tea spoonfull have been recommended, to stim-
 ulate the Bronchia to throw off the phlegm.
 so soon as the pulse will warrant we should
 open a vein and cautiously detract blood
 cups should also be applied along the
 course of the spine or leeches if to be
 procured. To cooperate a blister should
 also be applied to the chest. If very
 urgent vesicating applications will be
 found highly serviceable. The remainder
 of the treatment is made to consist in
 those means which are calculated to pro-
 mote expectoration, such as antimonial
 wine oxymel or vinegar of squills, Polygala
 senega, Horeh syrop and Vol. Albi: Balsom
 of them it is said, are here equal to cal-
 omel. Indeed the practice in Europe is to



treat the disease exclusively by Calomel but ~~this~~ ^{their} ~~same~~ confidence is not reposed in ^{the} manner of managing the disease by this Mineral, as in the mode which is commonly pursued in this country, that is by the strictly Antiphlogistic system.

The formation of a false membrane being generally considered the cause of death in this disease; the operation of Bronchotomy has been proposed for its removal, and has frequently been performed, though not generally with success, even, in those cases where the membrane has actually existed, and admitting that this membrane does invariably form ~~or~~ we are told that it will not do to trust to the operation, as it will be found to have extended itself into the Bronchia, and would be only a temporary protraction of life.

The application of a solution of

the argentin nitratum has also lately been recommended to the Larynx and tonsils for the purpose of detaching the false membrane which sometimes forms about these parts in this disease.

